

CITY, STATE, ZIP CODE

AQUIFER PROTECTION PROGRAM PERMIT AMENDMENT FORM

ADEQ Use Only Type of Permit Amendment Requested:		Type of Facility:			
G	Significant	G	Industrial		
G	Other	G	Mine		
G	Minor	G	Domestic Wastewater		

AN INITIAL APPLICATION FEE OF \$1000 IS REQUIRED (Arizona Administrative Code R18-14-103)

Mail or hand deliver the completed form to one of the Application Clerks listed below, in care of Water Permits Section, 5415B-3, 1110 W. Washington St., Phoenix, AZ 85007 Your application must be received and stamped in by an Application Clerk in the Water Permits Section. Otherwise, it will not be subject to Licensing Time Frames and will not be processed.

Manager, Industrial / Drywell Unit Secretary, Industrial / Drywell Unit

Manager, Mining Unit Secretary, Mining Unit

Manager, Wastewater / Recharge Unit Secretary, Wastewater / Recharge Unit

GENERAL INFORMATION	PLEASE TYPE OR PRINT				
FACILITY NAME					
MAILING ADDRESS					
CITY, STATE, ZIP CODE					
LATITUDE AND LONGITUDE					
TOWNSHIP, RANGE, SECTION, QUARTER SECTIONS					
EACH MY OWNER NAME					
FACILITY OWNER NAME					
WANTED THE STATE OF S					
MAILING ADDRESS OF OWNER					

TELEPHONE NUMBER

APPLICANT NAME (IF DIF	FERENT TH	AN OWNER	?)					
MAILING ADDRESS								
CITY, STATE, ZIP CODE						T	ELEPHONI	E NUMBER
CONTACT PERSON NAME	(IF DIFFER	ENT THAN	OWNE	TR)				
MAILING ADDRESS								
CITY, STATE, ZIP CODE						T	ELEPHONI	E NUMBER
REQUIRED ATTACH Please provide a descrip in a cover letter or attack IS THE APPLICANT REQ WITH ADEQ, PURSUAN	otion of the h additiona OUIRED TO	al pages a	s nece ERTIF	essary. ICATE C				·
G Yes	G	No						
If you answered "Yes" to t completed submittal.	his question	n, please pr	rovide a	a copy of	the Certific	cate of D	oisclosure v	with your
CERTIFICATION I certify under penalty of la were prepared under my of qualified personnel proper person or persons who n information, the informatic complete. I am aware that the revocation as well as permitted to the person of the person o	direction or ly gather an nanage the on submitte there are sign	supervision of evaluate system, or ed is, to the conficunt performance of the supervision	on in a the in those the best chalties	ccordance formation e persons of my kr for subm	e with a syn submitted of directly renowledge anitting false	vstem de d. Based responsib and belie informat	signed to a on my inquestion for gate for gate for true, accion, include	assure that urity of the chering the curate, and ling permit
NAME AND OFFICIAL T	ITLE:							
SIGNATURE:					DATE	SIGNED):	
Please check the box that a		operator		G bot	th owner &	k operat	or	